

OCCUPANT INVENTORY
NON-RESIDENTIAL

PARCEL NO: _____ S.P. NO. _____
HIGHWAY _____
ROUTE _____
PARISH _____

BUSINESS OWNER _____ NON-PROFIT ORGANIZATION _____
BUSINESS TENANT _____ OWNER PERSONALTY ONLY _____
FARM _____

BUSINESS NAME _____ FID# _____
OWNS SITE _____ RENTS SITE _____
PROPERTY OWNER (IF TENANT) _____
MONTHLY RENT _____
Race/Color/National Origin _____ Sex _____ Disabled _____

BUSINESS OWNER _____
TYPE OF BUSINESS _____
ADDRESS _____
PHONE _____ WORK PHONE _____

NO. OF EMPLOYEES ON SITE _____
DISPLACED BUILDING
Square footage _____
No. of rooms _____
No. of buildings _____

Replacement site requirements, characteristics and equipment necessary to accommodate the business,
such as zoning, parking, electrical, plumbing, or special equipment to be moved.

Are specialists needed to assist in planning the move?

Are there any items that need a determination as to whether they are personalty or realty? If so, identify.

How much time will be needed to move, reestablish and vacate?

Will it be difficult to locate a replacement property?

What advance payments might be necessary to successfully complete the move?

Are you a citizen or national of the United States, or an alien who is lawfully present in the United States YES _____ NO _____

REMARKS

DATE: _____ R/E AGENT _____
UPDATED: _____ R/E AGENT _____

DATE BROCHURE DELIVERED _____